DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.7			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	****	8			Twice Per Year	GRAB
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	160.19	359		****	12.51	28.13			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	****	104.35	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	****	****	7.3			Twice Per Year	GRAB
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	197.11	293.65		****	15.59	23.01			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

	_
COMMENTS AND EXPLANATION OF ANY VIOLATIONS	(Reference all attachments here)

nowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

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SMELTERVILLE, ID 83868

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PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

CODE: 83849

MAJOR (SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	161.36	*****			Weekly	COMP24
0530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	115.78	167.84		*****	8.99	11.5			Weekly	COMP2
0610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.009			Twice Per Year	GRAB
0610 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
litrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.48			Monthly	GRAB
0625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
litrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.9			Monthly	GRAB
0630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
hosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.95			Monthly	GRAB
0665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
hosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< .05			Twice Per Year	GRAB
0665 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	-	Twice Per Year	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ODING REDIOD
WONII	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

ZII OODL.

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	79.4			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	132			Twice Per Year	GRAB
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1			Twice Per Year	GRAB
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	****	218.8	517.2		1	Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.57	2.03		****	****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.02			Twice Per Year	GRAB
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.44	1.95		*****	.11	.2		3	Weekdays	GRAB
50060 O 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300	Γ	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	<u>o</u> r	ING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	10/01/2010	7	10/31/2010

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	88	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	90.3	****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	****	*****	%		Monthly	CALCTD

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	TORING DEBIOD
MONII	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS
External Outfall

No Discharge

		QUA	NTITY OR LOADING	}	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	1.38	1.38		*****	105	105			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.4	.4			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.07	.07		*****	5	5			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.07	.07		*****	5.64	5.64			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	IG PERIOD
	MM/DD/YYYY	Ì	MM/DD/YYYY

DMR Mailing ZIP CODE:

....**g** _... - - - - .

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.1			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	71.93	101.3		****	4.45	5.68			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	****	****	130.77	****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
HOH	SAMPLE MEASUREMENT	*****	*****	****	7.1	*****	7.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Н	SAMPLE MEASUREMENT	****	*****	*****	****	****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	101.37	161.67		****	6.48	11.27			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	166.74	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	196.1	239.39		*****	12.23	15.6			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.9			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	< .1			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	****	*****	1.82			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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LOCATION: 46643 SILVER VALLEY ROAD

ATTN: ROSS STOUT, DISTRICT MANAGER

SMELTERVILLE, ID 83868

DMR Mailing ZIP CODE:

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MAJOR (SUBR 01)

External Outfall

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83.7			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				_
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	53.4	613.1		1	Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.92	2.66		****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	2.8	4.79		*****	.17	.29		9	Weekdays	GRAB
50060 O 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

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supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
Г	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	11/01/2010	1	11/30/2010

DMR Mailing ZIP CODE:

ing ZIF CODE.

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96.6	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96.1	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	65 MN % RMV	****	*****	%		Monthly	CALCTD

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-B
	PERMIT NUMBER	[DISCHARGE NUMBER
	MONIT	<u> </u>	RING PERIOD
	MONT	ᅜ	ING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	11/01/2010	7	11/30/2010

DMR Mailing ZIP CODE:

MAJOR \$

83849

(SUBR 01)

INTERIM LIMITS
External Outfall

No Discharge

							NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	1.46	1.46		*****	91.5	91.5			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	< .001	< .001		****	< .1	< .1			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.03	.03		****	1.94	1.94			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.07	.07		*****	4.38	4.38			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Allowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	OBIN	IG PERIOD
	INICIAL	Oitili	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY

DMR Mailing ZIP CODE:

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					NO. FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	4.2			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	159.89	362.13		*****	6.96	9.3			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	69.74	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	****	****	*****	7.2	****	7.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	200.46	402.13		*****	8.97	10.32			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_									
Г	ID0021300		001-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MONIT	ORII	NG PERIOD						
	MONIT MM/DD/YYYY	ORII	NG PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	88.39	****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	171.65	233.3		*****	8.59	12			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.9			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	< .1			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.54			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
1			
- 1	MONIT	ORIN	G PERIOD
İ	MM/DD/YYYY]	MM/DD/YYYY

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	78.6			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.1	920.8		1	Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.46	4.67		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

TYPED OR PRINTED	diowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
to si	system, or those persons directly responsible for gathering the information, the information submitted is, o the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300		001-A
E	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
		7	12/31/2010

DMR Mailing ZIP CODE:

MAJOR

External Outfall

(SUBR 01)

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		Ŭ NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	5.11	7.7		*****	.26	.36		23	Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	****	90	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89.9	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	****	*****	%		Monthly	CALCTD

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Γ	TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83849

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NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

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Г	ID0021300	Г	001-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORII	NG PERIOD
	MONIT MM/DD/YYYY	ORII	NG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01) INTERIM LIMITS External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	3.71	3.71		*****	181	181			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		*****	.158	.158			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.05	.05		*****	2.46	2.46			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.17	.17		*****	8.05	8.05			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300	001-A					
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONIT	ORIN	IG PERIOD				
	MONIT MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

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MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3	QUALITY OR CONCENTRATION		NO. FREQUENCY FY OF ANALYSIS		SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	4.2			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	234.65	533.7		****	6.98	9.37			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	67.9	****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	****	7	****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	****	****	****	****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	323.74	649.45		*****	10.4	12.83			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MONIT MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

....g Z... 00DL.

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3				NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	81.86	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	236.46	429.49		*****	7.96	10.2			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	11.7			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.5			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.12			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A					
PERMIT NUMBER DISCHARGE NUMBER						
MONITO	DRING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84.7			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	517.2			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.62	8.05		*****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	PHONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Handwing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/31/2011 01/01/2011

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	6.97	11.7		*****	.23	.32		23	Weekdays	GRAB
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	89.7	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	****	65 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	87.3	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01)
INTERIM LIMITS
External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	7.37	7.37		*****	244	244			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.007	.007		*****	.238	.238			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.26	.26		*****	8.77	8.77			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.42	.42		*****	13.9	13.9			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE:

CODE: 83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	4.4			Continuous	NOT AP	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9					
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	81.57	121.98		*****	3.53	4.94			Weekly	COMP24	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	70.96	*****			Weekly	COMP24	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24	
pH	SAMPLE MEASUREMENT	****	*****	*****	7.2	*****	7.2			Weekdays	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB	
рН	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9					
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	95.49	136.96		*****	4.24	5.46			Weekly	COMP24	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONIT	ORING PERIOD						
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE:

19 Z.II OODL.

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONCENTRATION				NO. FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	95.01	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	152.05	177.74		*****	6.74	7.72			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.7			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****	****	.78			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	****	****	.86			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300	Γ	001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONIT	OR	ING PERIOD					
	MONIT MM/DD/YYYY	OR	ING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	83.2			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	****	11.8	88.2			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.64	3.2		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEPHONE		DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowlno violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ODING REDIOD
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

P CODE: 83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	5.78	7.76		*****	.26	.32		20	Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	95.5	****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	DATE	
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONII	OKII	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY

DMR Mailing ZIP CODE:

83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS
External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		T	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	13.87	13.87		*****	631	631			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.04	.04		*****	1.72	1.72			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.13	.13		****	6.03	6.03			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.13	.13		*****	5.76	5.76			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300	ſ	001-A			
	PERMIT NUMBER	DISCHARGE NUMBER				
	MONIT	OR	RING PERIOD			
	MONIT MM/DD/YYYY	OR	RING PERIOD MM/DD/YYYY			

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.7			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	219.24	489.28		*****	6.6	10.93			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	68.53	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	****	****	*****	7.1	****	7.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	340.3	628.41		*****	10.51	14.03			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. **AUTHORIZED AGENT** TYPED OR PRINTED

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supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O= FLOW < 2.0 MGD; P= FLOW > 2.0 < 3.5 MGD; Q= FLOW > 3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300	Г	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONI	ORIN	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY

DMR Mailing ZIP CODE:

J ZIF CODE.

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	105.92	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	217.86	354.7		*****	7.52	9.13			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.1			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	< .1			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	****	****	1.01			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

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Г	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	IG PERIOD
	MONIT MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

83849

MAJOR

External Outfall

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

TITY OR LOADING	NG		QUALITY OR CON	CENTRATION	_	1	FREQUENCY	SAMPLE
VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
*****	*****	*****	*****	86.1			Quarterly	GRAB
*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
*****	*****	*****	*****	NODI 9				
*****	****	*****	*****	Req. Mon. DAILY MX	mg/L	Т	wice Per Year	GRAB
*****	*****	*****	*****	NODI 9				
*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L	Т	wice Per Year	GRAB
*****	*****	*****	10.1	172.3			Twice Every Week	GRAB
*****	*****	****	126 MO GEOMN	576 DAILY MX	#/100mL	į	5 Times Every Month	GRAB
5.37		*****	*****	*****	*****		Continuous	RCORDR
Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
*****	*****	*****	*****	NODI 9				
*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	Т	wice Per Year	GRAB
NODI 9		****	NODI 9	NODI 9				
2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB
	DAILY MX		DAILY MX I all attachments were prepared under my direction or	DAILY MX MO AVG	DAILY MX MO AVG DAILY MX all attachments were prepared under my direction or	DAILY MX I all attachments were prepared under my direction or	DAILY MX I all attachments were prepared under my direction or TELEF	DAILY MX I all attachments were prepared under my direction or TELEPHONE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 46643 SILVER VALLEY ROAD

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ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
		_	
	MM/DD/YYYY		MM/DD/YYYY

DMR Mailing ZIP CODE:

ZIP CODE:

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	6.72	10.2		*****	.22	.3		21	Weekdays	GRAB
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	18.45			Twice Per Year	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90.4	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90.1	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%	_	Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
Г	ID0021300		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	03/01/2011	7	03/31/2011

DMR Mailing ZIP CODE:

83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS
External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	4.49	4.49		*****	146	146			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.463	.463			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.21	.21		****	6.76	6.76			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.18	.18		*****	5.88	5.88			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300		001-A	
	PERMIT NUMBER		DISCHARGE NUMBER	
				_
	MONIT	OF	RING PERIOD	
	MM/DD/YYYY		RING PERIOD MM/DD/YYYY	

DMR Mailing ZIP CODE:

nD ¢

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	8.9			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	264.78	373.41		****	7.7	9.84			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	44.86	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	7.1	****	7.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	458.22	644.75		****	13.15	15.62			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
		_	
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2011	1	04/30/2011

DMR Mailing ZIP CODE:

J ZIF CODE.

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	60.36	****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	143.64	219.84		*****	4.07	4.94			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	6.28			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	.51			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.88			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Trowning violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	OR	ING PERIOD
	MONIT MM/DD/YYYY	OR	ING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

ilg Zii OODL.

MAJOR (SUBR 01)

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	77.4			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.4	148.3			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.36	6.82		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE (t and all attachments were prepar						TELE	PHONE	DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
		_	

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	8.56	13.82		*****	.24	.35		21	Weekdays	GRAB
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	82.8	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	78.2	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
ID0021300			001-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2011	7	04/30/2011

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01)
INTERIM LIMITS

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	24.13	24.13		*****	663	663			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.09	.09		****	2.6	2.6			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.38	.38		****	10.5	10.5			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.32	.32		****	8.89	8.89			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR					
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY		

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DISCHARGE MONITORING REPORT (DMR)

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83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
ID0021300			001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2011	1	05/31/2011

DMR Mailing ZIP CODE:

OODL.

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	13.9			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	424.46	624.16		*****	17.03	19.59			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	61.11	****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	7.2	****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	526.72	728.62		****	17.03	19.59			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MONIT MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

ing Zii GODE.

MAJOR (SUBR 01)

External Outfall

No Discharge

	QUANTITY OR LOADING VALUE VALUE UNITS			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	95.67	*****			Weekly	COMP24
0530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	123.91	147.3		*****	4.09	4.76			Weekly	COMP24
0610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
0610 5 0 Jostream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
litrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.92			Monthly	GRAB
0625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
litrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	.5			Monthly	GRAB
0630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	.93			Monthly	GRAB
0665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
hosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
0665 5 0	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

NAME/TILE FRINGII AL EXEGUTIVE OFFICER	supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		, , , , , , , , , , , , , , , , , , ,		DAIL
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
Г	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	IG PERIOD
	MONIT MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

DDE: 83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	8.5	30.7			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.71	5.29		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/31/2011 05/01/2011

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	0,	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9					
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB	
Chlorine, total residual	SAMPLE MEASUREMENT	5.53	7.09		*****	.18	.25		22	Weekdays	GRAB	
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB	
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9					
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24	
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	77.7	****	*****			Monthly	CALCTD	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	****	65 MN % RMV	****	*****	%		Monthly	CALCTD	
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	82.2	****	*****			Monthly	CALCTD	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	****	****	%		Monthly	CALCTD	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	05/01/2011	7	05/31/2011

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

INTERIM LIMITS
External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	7.83	7.83		*****	253	253			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0031	.0031		*****	.1	.1			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.0031	.0031		*****	.1	.1			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.15	.15		*****	4.91	4.91			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	TELEPHONE		
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

ATTN: ROSS STOUT, DISTRICT MANAGER

SMELTERVILLE, ID 83868

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	QUANTITY OR LOADING			QUALITY OR CON	CENTRATION	_	NO. FREQUENCY EX OF ANALYSIS		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	****	*****	*****	16.7			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
emperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	163.6	308.45		*****	6.93	12.25			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	81.18	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
ρΗ	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
H	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	174.46	468.97		*****	7.05	18.62			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE			t and all attachments were prepar					Ī	TEL	EPHONE	DATE

NAME/TILE PRINCIPAL EXECUTIVE OFFICER	supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		ILLEF	IONE	DAIL
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-A		
	PERMIT NUMBER	RMIT NUMBER DISCHARGE NUMBER			
	MONIT	ORIN	G PERIOD		
	MM/DD/YYYY		MM/DD/YYYY		

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CON	CENTRATION		_ NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	134.31	****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	149.29	174.51		****	6.64	8.88			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.57			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.91			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.96			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

		reacting under period of the unattended of the control of the cont		TELEPHONE		DATE
		system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
ı	TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
	ID0021300		001-A
	PERMIT NUMBER	DISCHARGE NUMBER	
	MONIT	ORIN	G PERIOD
	MONIT MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

ODE: 83849

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	****	3.3	22.3			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.75	3.59		*****	****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				_
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

NAME/TITLE PRINCIPAL EXECUT		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	PHONE	DATE
		system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED)	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300		001-A		
PERMIT NUMBER DISCHARGE NUMBER				
MONIT	ORING	3 PERIOD		
	7 I			
MM/DD/YYYY	J I	MM/DD/YYYY		

DMR Mailing ZIP CODE:

ilig zif CODE.

MAJOR S

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	. 0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	4.11	6.32		*****	.17	.25		17	Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	91.5	****	****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94.7	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01) INTERIM LIMITS External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	10.04	10.04		*****	438	438			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.06	.06		*****	2.53	2.53			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.21	.21		****	9.29	9.29			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.16	.16		****	6.89	6.89			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONIT	ORING PERIOD					
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

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MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	20.6			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	189.88	335.89		****	14	26.32			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	132.2	****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	****	7.4	****	7.5			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	****	****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	195.6	394.83		*****	14.44	30.94			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

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	PERMIT NUMBER		DISCHARGE NUMBER
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DMR Mailing ZIP CODE:

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MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	193.79	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	136.69	191.07		*****	9.79	14.5			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.5			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.44			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.61			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	OR	ING PERIOD
	MONIT MM/DD/YYYY	OR	ING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

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MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO. FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	74			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	10.8	36.8			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.66	2.03		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.05	2.02		*****	.08	.15			Weekdays	GRAB
50060 O 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

TYPED OR PRINTED	Antowning Violations.

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2011	1	07/31/2011

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	89.4	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	92.5	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED	significant perfatues to submitting raise mormation, including the possibility of fine and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

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Г	ID0021300		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	OB.	RING PERIOD
	WONT	ᄓ	III G FERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2011	7	07/31/2011

DMR Mailing ZIP CODE:

MAJOR \$

83849

(SUBR 01)

INTERIM LIMITS
External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	· •	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	2.09	2.09		*****	151	151			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		****	1.08	1.08			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.05	.05		*****	3.82	3.82			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.05	.05		****	3.92	3.92			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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SMELTERVILLE, ID 83868

AGE | ID0021300 | 001-A | | DISCHARGE NUMBER | | DISCHARGE NUMBER | | DISCHARGE NUMBER | | DISCHARGE NUMBER | | DISCHARGE NUMBER | | DISCHARGE NUMBER | | DISCHARGE NUMBER | | DISCHARGE NUMBER | | DISCHARGE NUMBER | | DISCHARGE NUMBER | | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DISCHARGE NUMBER | DIS

DMR Mailing ZIP CODE:

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MAJOR (SUBR 01)

External Outfall

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22.8			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	12.5			Twice Per Year	GRAB
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	225.57	325.45		*****	17.93	26.02			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	134.14	****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	7.4	****	7.8			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	7.3			Twice Per Year	GRAB
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	505.16	569.76		*****	40.19	45.54		5	Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	08/01/2011	7	08/31/2011

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	288.82	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	151.51	224.28		*****	12.08	16.6			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .05			Twice Per Year	GRAB
00610 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
litrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.41			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
litrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	6.41			Monthly	GRAB
0630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.88			Monthly	GRAB
0665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
hosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .05			Twice Per Year	GRAB
0665 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

TYPED OR PRINTED

NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
1			
	MONIT	ORIN	IG PERIOD
	MONIT	ORIN	IG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

External Outfall

No Discharge

	QUANTITY OR LOADING QUALITY OR CONCENTRATION					NO. FREQUENCY		SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	75			Twice Per Year	GRAB
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1			Twice Per Year	GRAB
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	147.3	547.5		1	Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.5	1.63		*****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	.03			Twice Per Year	GRAB
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.87	3.13		*****	.15	.25		8	Weekdays	GRAB
50060 O 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the]

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300	001-A					
Г	PERMIT NUMBER	DISCHARGE NUMBER					
1							
	MONIT	DRING PERIOD					
	MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	86.6	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96.1	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Allowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

MAJOR (SUBR 01)

INTERIM LIMITS External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	1.73	1.73		*****	139	139			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.05	.05		****	3.62	3.62			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.03	.03		*****	2.3	2.3			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.37	.37		*****	29.8	29.8			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300							
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONIT	ORING PERIOD						
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.9			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	103.17	133.18		****	9.07	11.74			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	****	171.22	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	7.5	****	7.6			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
рН	SAMPLE MEASUREMENT	*****	****	*****	****	****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	236.39	371.9		****	20.77	32.55			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300	Г	001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
1								
	MONIT	ORIN	G PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	09/01/2011	1	09/30/2011					

DMR Mailing ZIP CODE:

ig Zir CODL.

MAJOR (SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

External Outfall

No Discharge

		QUA	QUANTITY OR LOADING			QUALITY OR CON	CENTRATION		NO. │	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	343.94	****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	174.74	376.9		*****	15.35	15.5		5	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
litrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	18.7			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	5.97			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	2.46			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
hosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00665 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE	VE OFFICER I certify under		at and all attachments were prepar				I DAILT WA		TEL	EPHONE	DATI

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300	001-A							
	PERMIT NUMBER DISCHARGE NUMBER								
	MONITORING PERIOD								
	MONIT	ORIN	IG PERIOD						
	MONIT MM/DD/YYYY	ORIN	NG PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	∐ NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	****	****	8.8	54.6			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.41	1.66		****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.51	2.64		*****	.13	.23		7	Weekdays	GRAB
50060 O 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300	Г	001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	09/01/2011	7	09/30/2011					

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.18			Twice Per Year	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	****	94.7	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B					
PERMIT NUMBER	NUMBER DISCHARGE NUMBER					
MONITORING PERIOD						
MONI [*]	TORING PERIOD					
MM/DD/YYYY	TORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01) INTERIM LIMITS External Outfall

No	Discharge	
	•	

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	2.58	2.58		*****	220	220			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		****	1.25	1.25			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.14	.14		****	11.7	11.7			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.13	.13		****	11.1	11.1			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	IG PERIOD
	MONIT MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Femperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	15.4			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
emperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	64.06	76.79		****	5.09	6.02			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	120.19	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
ρΗ	SAMPLE MEASUREMENT	****	****	*****	7.5	****	7.5			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Н	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	76.22	123.77		*****	6.05	9.7			Weekly	COMP24
00530 1 0	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

TYPED OR PRINTED

knowing violations.

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300							
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONITO	KING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						

DMR Mailing ZIP CODE:

CODE: 83849

MAJOR (SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

External Outfall

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
olids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	189.07	*****			Weekly	COMP2
0530 G 0 law Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP2
itrogen, ammonia total [as N]	SAMPLE MEASUREMENT	182.88	200.39		*****	14.55	15.7		1	Weekly	COMP2
0610 1 0 iffluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP2
itrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
0610 5 0 Ipstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
itrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.8			Monthly	GRAB
0625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
litrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.81			Monthly	GRAB
0630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
hosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.37			Monthly	GRAB
0665 1 0 ffluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
hosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
0665 5 0 Ipstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_				
	ID0021300		001-A	
	PERMIT NUMBER		DISCHARGE NUMBER	
	MONIT	ORIN	IG PERIOD	
	MONIT MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY	_

DMR Mailing ZIP CODE:

ZIP CODE: 83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	85			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.1	156.9			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.48	1.75		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.75	1.54		*****	.06	.12			Weekdays	GRAB
50060 O 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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DATE

DISCHARGE MONITORING REPORT (DMR)

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83849

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NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY

DMR Mailing ZIP CODE:

ing ZIP CODE.

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO. EX	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		OF ANALYSIS	
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	95.8	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96.8	****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B				
PERMIT NUMBER	DISCHARGE NUMBER				
MONI	TORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
10/01/2011 10/31/2011					

DMR Mailing ZIP CODE:

ZIP CODE:

MAJOR \$

(SUBR 01)
INTERIM LIMITS

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	1.61	1.61		*****	130	130			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		****	.88	.88			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1	.1		****	8.46	8.46			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.1	.1		*****	7.89	7.89			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300		001-A			
	PERMIT NUMBER	$ \ $	DISCHARGE NUMBER			
- 1	MONI	ropii	NG PERIOD			
	IVICINI	UKI	NG PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	QUANTITY OR LOADING			QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	9.2			Continuous	NOT AP	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2			Twice Per Year	GRAB	
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	101.45	179.04		*****	6.83	9.94			Weekly	COMP24	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	103.94	*****			Weekly	COMP24	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24	
pH	SAMPLE MEASUREMENT	*****	*****	****	7.4	*****	7.5			Weekdays	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB	
pH	SAMPLE MEASUREMENT	****	****	****	*****	****	7			Twice Per Year	GRAB	
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	126.43	241.87		*****	8.34	12.86			Weekly	COMP24	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24	

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DATE

DISCHARGE MONITORING REPORT (DMR)

001-A

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

ATTN: ROSS STOUT, DISTRICT MANAGER

SMELTERVILLE, ID 83868

PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2011 11/30/2011

ID0021300

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	164.23	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	133.49	173.89		****	9.43	13.9			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	< .05			Twice Per Year	GRAB
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	15.1			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .1			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	2.24			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.09			Monthly	GRAB
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATION	(Poforonco all attachments here)

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300	001-A	
	PERMIT NUMBER	DISCHARGE NUMBER	
	MONIT	ORING PERIOD	\neg
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DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	120			Twice Per Year	GRAB
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	1.18			Twice Per Year	GRAB
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.6	298.7			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.82	2.99		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.03			Twice Per Year	GRAB
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.13	4.16		*****	.08	.36		2	Weekdays	GRAB
50060 O 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

Form Approved OMB No. 2040-0004

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300		001-A	
	PERMIT NUMBER		DISCHARGE NUMBER	
1				
	MONIT	ORIN	IG PERIOD	
	MONIT MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY	_

DMR Mailing ZIP CODE:

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	LOADING QUALITY OR CONCENTRATION					NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93.4	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	94.9	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300 PERMIT NUMBER		001-B	
	PERMIT NUMBER		DISCHARGE NUMBER	
				_
	MONIT	OF	RING PERIOD	
	MM/DD/YYYY		RING PERIOD MM/DD/YYYY	

DMR Mailing ZIP CODE:

MAJOR \$

83849

(SUBR 01)

INTERIM LIMITS
External Outfall

No Discharge

		QUA	NTITY OR LOADING QUALITY OR CONCENTRATION					NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	1.43	1.43		*****	94.1	94.1			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	< .002	< .022		****	< .1	< .1			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.02	.02		****	1.57	1.57			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.03	.03		*****	1.67	1.67			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

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Г	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2011	7	12/31/2011

DMR Mailing ZIP CODE:

illig Zii GODL.

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	4.7			Continuous	NOT AP	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9					
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	112.22	213.35		****	7.66	11.63			Weekly	COMP24	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	107.81	*****			Weekly	COMP24	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24	
рН	SAMPLE MEASUREMENT	*****	*****	****	7.4	****	7.4			Weekdays	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB	
рН	SAMPLE MEASUREMENT	*****	*****	****	****	*****	NODI 9					
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	118.39	208.38		*****	8.17	11.36			Weekly	COMP24	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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SMELTERVILLE, ID 83868

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	12/01/2011	7	12/31/2011

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No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	258.61	*****			Weekly	COMP2
0530 G 0 law Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP2
itrogen, ammonia total [as N]	SAMPLE MEASUREMENT	167.49	249.53		*****	11.88	13.6			Weekly	COMP2
0610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP2
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
0610 5 0 Ipstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
litrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.8			Monthly	GRAB
0625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
litrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.32			Monthly	GRAB
0630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.87			Monthly	GRAB
0665 1 0 iffluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
hosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
0665 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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SMELTERVILLE, ID 83868

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DMR Mailing ZIP CODE:

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MAJOR (SUBR 01)

External Outfall

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.8	424.5			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.69	2.96		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.89	3.06		*****	.06	.24		2	Weekdays	GRAB
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

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	MONIT	ORIN	G PERIOD
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	12/01/2011	7	12/31/2011

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

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No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	92.9	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96.8	****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

Effluent Gross

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

REQUIREMENT

MO AVG

DAILY MX

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B						
PERMIT NUMBER	DISCHARGE NUMBER						
	MONITORING PERIOD						
MONIT	ORING PERIOD						
MM/DD/YYYY	TORING PERIOD MM/DD/YYYY						

MO AVG

DAILY MX

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

INTERIM LIMITS External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	2.82	2.82		*****	200	200			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		****	.419	.419			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.18	.18		****	13.1	13.1			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.09	.09		****	6.07	6.07			Monthly	COMP24
01119 1 0	PERMIT	1.1	2.2	lb/d	*****	30	60	ug/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_								
Г	ID0021300		001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	IVICINII	UKII	NG PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.3			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	142.66	167.39		****	9.95	13.2			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	106.19	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
DH	SAMPLE MEASUREMENT	****	*****	*****	7.4	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Н	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	151.48	200.16		****	10.28	12.2			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
Effluent Gross NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER I certify under	penalty of law that this documer	t and all attachments were prepar			MO AVG	WKLY AVG		TEL	EPHONE	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

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significant penalties for submitting false information, including the possibility of fine and imprisonment for

TYPED OR PRINTED

NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868 ATTN: ROSS STOUT, DISTRICT MANAGER

DMR Mailing ZIP CODE:

P CODE: 83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	****	171.53	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	203.14	323.59		*****	13.85	19.4		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	12.8			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	****	*****	****	1.39			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	1.91			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_							
ı	ID0021300	001-A					
L	PERMIT NUMBER		DISCHARGE NUMBER				
1							
	MONIT	ORIN	G PERIOD				
	MONIT MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	55.8	135.4			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.86	3.03		*****	*****	*****	****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.65	2.14		*****	.04	.12		1	Weekdays	GRAB
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

L		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and "evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
		system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
	TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	1.18			Twice Per Year	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90.6	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	OF	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2012	7	01/31/2012

DMR Mailing ZIP CODE:

MAJOR \$

83849

(SUBR 01)

INTERIM LIMITS
External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	1.58	1.58		*****	102	102			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	< .01	< .01		*****	.252	.252			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.15	.15		*****	9.7	9.7			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.11	.11		*****	6.86	6.86			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

ATTN: ROSS STOUT, DISTRICT MANAGER

SMELTERVILLE, ID 83868

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	****	5.6			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	221.41	390.25		****	9.98	13.6			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	71.14	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	320.05	535.04		*****	14.78	18.65			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE			nt and all attachments were prepar					1	TEL	EPHONE	DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

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TYPED OR PRINTED

NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
	7

DMR Mailing ZIP CODE:

MAJOR \$

83849

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	T	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX ^c	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	126.1	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	241.93	325.86		*****	11.2	14.8			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	Tv	wice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.9			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	1.18			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	1.36			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	mg/L	T	wice Per Year	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MONIT MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONCENTRATION			NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	47.5	275.5			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.46	3.73		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: PO BOX 783

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION				NO.	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	1.21	2.8		*****	.06	.13		1	Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	86	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	65 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	88.3	****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	*****	****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

Copper, total recoverable

01119 1 0

Effluent Gross

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

.15

1.1

MO AVG

.15

2.2

DAILY MX

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT. DISTRICT MANAGER

Г	ID0021300		001-B
E	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	02/01/2012	1	02/29/2012

7.39

30

MO AVG

7.39

60

DAILY MX

ug/L

DMR Mailing ZIP CODE:

OD 6

83849

MAJOR (SUBR 01)

INTERIM LIMITS
External Outfall

No Discharge

Monthly

Monthly

COMP24

COMP24

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. **FREQUENCY** SAMPLE OF ANALYSIS TYPE EX **PARAMETER VALUE** VALUE UNITS **VALUE** VALUE **VALUE** UNITS ***** Zinc, total recoverable SAMPLE 3.82 3.82 186 186 COMP24 Monthly **MEASUREMENT** ***** 01094 1 0 PERMIT 29 lb/d 802 1340 48 COMP24 ug/L Monthly REQUIREMENT Effluent Gross MO AVG DAILY MX MO AVG DAILY MX Cadmium, total recoverable SAMPLE .01 .01 .538 .538 Monthly COMP24 **MEASUREMENT** 01113 1 0 PERMIT .19 .32 lb/d ***** 5.3 8.8 ug/L Monthly COMP24 REQUIREMENT Effluent Gross MO AVG DAILY MX MO AVG DAILY MX ***** Lead, total recoverable SAMPLE .25 .25 12.4 12.4 Monthly COMP24 MEASUREMENT 01114 1 0 **PERMIT** 3 6.5 lb/d 84 182 ug/L Monthly COMP24 REQUIREMENT Effluent Gross MO AVG DAILY MX MO AVG DAILY MX

lb/d

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
Γ	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT		PRING PERIOD
	MONT	Ξ.	KING FERIOD
	MM/DD/YYYY	╛	MM/DD/YYYY
	03/01/2012	7	03/31/2012

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3	QUALITY OR CONCENTRATION					NO. FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	6.3			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	306.84	375.6		****	8.28	9.84			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	****	****	41.55	****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	****	7.3	****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	****	****	****	****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	385.11	515.81		*****	10.19	11.79			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

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NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MM/DD0000	MM/DD/YYYY				
MM/DD/YYYY	IVIIVI/DU/TTTT				

DMR Mailing ZIP CODE:

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	54.49	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	258.83	515.81		*****	7.1	8.48			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	9.85			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	1.19			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.36			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NUMBER

TELEPHONE

AREA Code

DATE

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NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
1			
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2012	1	03/31/2012

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING				QUALITY OR CONG	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	****	****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	299.1	1553.1		4	Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.7	9.62		****	****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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TELEPHONE

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300		001-A
Ľ	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	03/01/2012	7	03/31/2012

DMR Mailing ZIP CODE:

DDE: 83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	2.84	6.05		*****	.07	.1		10	Weekdays	GRAB
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	80.1	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	81.3	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B			
PERMIT NUMBER	DISCHARGE NUMBER			
MONII	ORING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01) INTERIM LIMITS External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	14.42	14.42		*****	368	368			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.03	.03		*****	.809	.809			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.43	.43		*****	10.9	10.9			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.26	.26		*****	6.67	6.67			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	00021300 001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION			NO. FREQUENCY		SAMPLE				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.3			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	403.71	730.85		*****	9.93	17.53			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	41.12	****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	553.81	876.58		*****	13.47	21.02			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300	001-A					
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONIT	ORING PERIOD					
	MM/DD/YYYY		MM/DD/YYYY				
	04/01/2012	7	04/30/2012				

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		_	1	1	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX °	F ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	65.08	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	118.57	141.05		*****	3.02	3.56			Weekly	COMP2
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00610 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	Tw	rice Per Year	GRAB
litrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	8.58			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.9			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.67			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00665 5 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	Tw	rice Per Year	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment for

TYPED OR PRINTED

NUMBER

AREA Code

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

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NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_								
Г	ID0021300		001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONIT	OF	RING PERIOD					
	MM/DD/YYYY]	MM/DD/YYYY					
	04/01/2012	٦.	04/30/2012					

DMR Mailing ZIP CODE:

JD ¢

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	87.4			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	54.1	517.2			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.89	8.86		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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knowing violations.

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significant penalties for submitting false information, including the possibility of fine and imprisonment for

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300		001-A				
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONIT	OF	RING PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	04/01/2012	7	04/30/2012				

DMR Mailing ZIP CODE:

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MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	4.77	21.14		*****	.09	.29		5	Weekdays	GRAB
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	75.8	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	79.3	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
	04/30/2012

DMR Mailing ZIP CODE:

illing Zii GODL.

MAJOR (SUBR 01)

INTERIM LIMITS
External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	72	72		*****	1773	1773		1	Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.24	.24		*****	5.89	5.89		1	Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	1.83	1.83		*****	44.9	44.9			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.2	.2		*****	5.02	5.02			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

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NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

ATTN: ROSS STOUT, DISTRICT MANAGER

SMELTERVILLE, ID 83868

ID0021300 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/01/2012 05/31/2012

DMR Mailing ZIP CODE: MAJOR

83849

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.7			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	443.77	553.01		****	17.12	21.87			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	****	80.6	*****			Once Every 6 Days	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	****	****	*****	7.2	****	7.6			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	695.44	820.17		****	27.05	35.24		1	Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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knowing violations.

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-A				
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONIT	OPIN	G PERIOD				
	MONT		O I LINIOD				
	MM/DD/YYYY	_	MM/DD/YYYY				
	05/01/2012	1	05/31/2012				

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	135.33	****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	82.52	113.76		*****	3.24	5.66			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	5.16			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.47			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	104			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

TYPED OR PRINTED	Tallowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O= FLOW < 2.0 MGD; P= FLOW > 2.0 < 3.5 MGD; Q= FLOW > 3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

I certify under penalty of law that this document and all attachments were prepared under my direction or

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DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300	Г	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	IG PERIOD
	MONIT MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONG	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	28.9	178.9			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.01	4.64		****	****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS ((Reference all attachments here)

nowing violations.

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NUMBER

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

ATTN: ROSS STOUT, DISTRICT MANAGER

SMELTERVILLE, ID 83868

ID0021300

DMR Mailing ZIP CODE:

ing ZIP CODE:

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	1.1	2.08		*****	.04	.1			Weekly	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	78.8	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	80	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	****	*****	%		Monthly	CALCTD

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2012	7	05/31/2012

DMR Mailing ZIP CODE:

CIP CODE: 83849

MAJOR (SUBR 01)

INTERIM LIMITS
External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	45.17	45.17		*****	1799	1799		1	Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.12	.12		****	4.78	4.78			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.57	.57		*****	22.8	22.8			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.14	.14		*****	5.54	5.54			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868 ATTN: ROSS STOUT, DISTRICT MANAGER

DMR Mailing ZIP CODE:

g ZIF CODE.

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	15.8			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	231.52	367.61		****	7.84	10.99			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	83.23	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	319.27	543.51		*****	11	16.25			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
Г	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	IG PERIOD
	MONIT MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	153.58	*****			Weekly	COMP24
0530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	201.74	261.21		*****	6.78	7.18			Weekly	COMP24
0610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
0610 5 0 Jostream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
litrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.77			Monthly	GRAB
0625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
litrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.29			Monthly	GRAB
0630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
hosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.41			Monthly	GRAB
0665 1 0 ffluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
hosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
0665 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A							
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MONITORING PERIOD								
MONITO	ORING PERIOD							
MM/DD/YYYY	DRING PERIOD MM/DD/YYYY							

DMR Mailing ZIP CODE:

DE: 83849

MAJOR (SUBR 01)

External Outfall

No Discharge

PARAMETER		QUA	NTITY OR LOADING	3		QUALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	28.8	121.1			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.24	4.5		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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ADDRESS: PO BOX 783

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
1			
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	1.85	2.8		*****	.07	.1			Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90.6	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	92.8	****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	****	****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MONIT MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01) INTERIM LIMITS External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	6.19	6.19		*****	229	229			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.04	.04		****	1.59	1.59			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.32	.32		****	11.8	11.8			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.1	.1		****	3.75	3.75			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300	Г	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORII	NG PERIOD
	MONIT MM/DD/YYYY	ORII	NG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CON	CENTRATION		T	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX °	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	25.6		(Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Femperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	****	****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C	Tw	vice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	153.75	206.83		****	9.98	13.36			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	****	179.33	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
DH .	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.4		,	Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
H	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU	Tw	vice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	297.56	367.85		*****	19.6	24.37			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONII	ORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				I	QUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF	NALYSIS	TYPE	
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	345.56	*****		V	/eekly	COMP24	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L	٧	/eekly	COMP24	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	170.54	218.71		*****	11.18	14.9		٧	/eekly	COMP24	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L	V	/eekly	COMP24	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	****	*****	****	NODI 9					
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	Twic	Per Year	GRAB	
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.9		N	onthly	GRAB	
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	N	onthly	GRAB	
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	3.36		N	onthly	GRAB	
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	N	onthly	GRAB	
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.24		V	onthly	GRAB	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	N	onthly	GRAB	
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9					
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L	Twic	Per Year	GRAB	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
	7						
MM/DD/YYYY	MM/DD/YYYY						

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01) External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	72.7			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	****	9.1	125.9			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.86	2.27		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.81	1.78		*****	.05	.1			Weekdays	GRAB
50060 O 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-A
	PERMIT NUMBER	DIS	CHARGE NUMBER
	MONIT	RING PE	RIOD
	MM/DD/YYYY		MM/DD/YYYY

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94.4	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94.3	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
INIOINI	OKING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01) INTERIM LIMITS External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	1.85	1.85		*****	119	119			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.961	.961			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1	.1		*****	6.49	6.49			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.05	.05		****	3.31	3.31			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	_ NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	23.3			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Femperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	****	****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	152.78	203.19		****	10.89	14.59			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	152.2	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
DH	SAMPLE MEASUREMENT	****	*****	*****	7.4	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
ΡΗ	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	234.44	395.57		*****	17.1	31			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

	NAME/THEE PRINCIPAL EXECUTIVE OF FICER	reacting under pering of tak that this occurrent and an attachments were prepared under in yolderstand to supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE .	DATE
		system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
ı	TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	08/01/2012	1	08/31/2012

DMR Mailing ZIP CODE:

P CODE: 83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	435.63	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	183.13	251.03		*****	13	17.2		2	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.4			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.375			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.92			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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knowing violations.

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NUMBER

TELEPHONE

AREA Code

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300	Г	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORI	NG PERIOD
	MONIT MM/DD/YYYY	ORI	NG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

ilg Zii GODL.

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION				L	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	Т	Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L	Т	Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	8.2	26			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	126 MO GEOMN	576 DAILY MX	#/100mL	,	5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	1.77		****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	Т	Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.63	1.41		*****	.05	.1			Weekdays	GRAB
50060 O 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300	001-A					
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONIT	ORIN	G PERIOD				
	MM/DD/YYYY]	MM/DD/YYYY				
	08/01/2012	1	08/31/2012				

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	3.5			Twice Per Year	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	92.8	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	****	65 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	96.1	****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE:

83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS
External Outfall

No Discharge

		QUA	NTITY OR LOADING	OADING QUALITY OR CONCENTRATION						FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	1.92	1.92		*****	144	144			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.853	.853			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.2	.2		*****	15	15			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.08	.08		*****	5.96	5.96			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300			001-A				
	PERMIT NUMBER	DISCHARGE NUMBER					
1							
	MONIT	ORIN	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	09/01/2012	1	09/30/2012				

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	18.9			Continuous	NOT AP	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.5			Twice Per Year	GRAB	
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	112	143		*****	9	11			Weekly	COMP24	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	134	*****			Weekly	COMP24	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24	
pH	SAMPLE MEASUREMENT	****	****	*****	7.4	****	7.4			Weekdays	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB	
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.2			Twice Per Year	GRAB	
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	193	245		*****	16	19			Weekly	COMP24	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24	

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

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DMR Mailing ZIP CODE:

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(SUBR 01)

External Outfall

No Discharge

	QUANTITY OR LOADING QUALITY OR CONCENTRATION					_	NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	231	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	166	183		****	13.8	15		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	.6			Twice Per Year	GRAB
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13.5			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	****	*****	****	****	< .1			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	****	****	2			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .05			Twice Per Year	GRAB
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	117			Twice Per Year	GRAB
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	< 1			Twice Per Year	GRAB
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	****	7	58			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.43	1.64		*****	****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.02			Twice Per Year	GRAB
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.2	.4		*****	.02	.03			Weekdays	GRAB
50060 O 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	93	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	93	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	ORING PERIOD							
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY							

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01) INTERIM LIMITS External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	1	1		*****	101	101			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.46	.46			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1	.1		*****	11	11			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.02	.02		*****	1.4	1.4			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	ORING PERIOD								
	7								
MM/DD/YYYY	MM/DD/YYYY								

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.7			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	82	109		****	6	9			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	****	115	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.1	****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	102	155		*****	8	13			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW < 2.0 MGD; P= FLOW > 2.0 < 3.5 MGD; Q= FLOW > 3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

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SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-A	
	PERMIT NUMBER			
	MONIT	ORI	NG PERIOD	
	MONIT MM/DD/YYYY	ORI	NG PERIOD MM/DD/YYYY	

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	148	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	144	208		*****	10.3	15.6			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.7			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	4.3			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.3			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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Γ	ID0021300		001-A		
	PERMIT NUMBER	DISCHARGE NUMBER			
1					
	MONIT	ORIN	G PERIOD		
	MM/DD/YYYY		MM/DD/YYYY		
	10/01/2012		10/31/2012		

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01)

External Outfall

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		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83.9			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.1	44.1			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.66	2.4		****	****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.4	.8		*****	.03	.06			Weekdays	GRAB
50060 O 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

	knowing violations.	AUTHORIZED AGENT
TYPED OR PRINTED		AUTHORIZED AGENT

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MM/DD/YYYY	ORING PERIOD MM/DD/YYYY		

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MAJOR

External Outfall

(SUBR 01)

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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	10/01/2012	7	10/31/2012

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01)
INTERIM LIMITS

External Outfall

No Discharge

		QUANTITY OR LOADING				QUALITY OR CON	CENTRATION	_	NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	1	1		****	84	84			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		****	.7	.7			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.11	.11		*****	9	9			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.1	.1		*****	8	8			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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	11/01/2012		11/30/2012		

DMR Mailing ZIP CODE:

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	11.3			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
emperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	134	257		*****	6	8			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	100	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
ρΗ	SAMPLE MEASUREMENT	****	*****	*****	7.3	*****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Н	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	116	189		*****	6	9			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE			nt and all attachments were prepar						TEL	EPHONE	DATE

	NAME/TITE FRINGII AL EXEGUTIVE OFFICER	supervision in accordance with a system designed to assure that qualified personnel properly gather and valuate the information submitted. Based on my inquiry of the person or persons who manage the		122211	IONE	JAN 2
		system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
ĺ	TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION		_	NO. FREQUENCY			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	124	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	301.61	561.85		*****	14.08	16.8		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	14.9			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.39			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	2.33			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	****	*****	****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

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supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-A				
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONITORING PERIOD						
	MM/DD/YYYY		MM/DD/YYYY				
	11/01/2012	7	11/30/2012				

DMR Mailing ZIP CODE:

J ZIP CODE: 83849

(SUBR 01)

MAJOR

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	21	549			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.25	4.41		*****	****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
50060 O 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300	001-A					
Г	PERMIT NUMBER	DISCHARGE NUMBER					
	MONIT	ORIN	G PERIOD				
	MM/DD/YYYY]	MM/DD/YYYY				
	11/01/2012	7	11/30/2012				

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

External Outfall

No Discharge

	QUANTITY OR LOADING			3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.5	1.7		*****	.03	.08			Weekdays	GRAB
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	****	96	****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	****	65 MN % RMV	****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

Effluent Gross

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

REQUIREMENT

MO AVG

DAILY MX

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300	001-B					
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONIT	ORIN	G PERIOD				
	MM/DD/YYYY]	MM/DD/YYYY				
	11/01/2012	7	11/30/2012				

MO AVG

DAILY MX

DMR Mailing ZIP CODE:

uning zii OODL.

83849

MAJOR (SUBR 01)

INTERIM LIMITS
External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	1.65	1.65		*****	109	109			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		****	.499	.499			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.16	.16		****	10.3	10.3			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.07	.07		*****	4.31	4.31			Monthly	COMP24
01119 1 0	PERMIT	1.1	2.2	lb/d	*****	30	60	ua/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868 ATTN: ROSS STOUT, DISTRICT MANAGER

DMR Mailing ZIP CODE:

P CODE: 83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.9			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	****	****	5.5			Twice Per Year	GRAB
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	114	221		*****	4.38	5.9			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	58.76	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	****	****	*****	7.3	****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	7			Twice Per Year	GRAB
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	221	419		*****	8.14	17.2			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS	(Reference all attachments here)

nowing violations.

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ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	DRING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

DE: 83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	75.6	****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	259	434		*****	10.03	11.6			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	< .05			Twice Per Year	GRAB
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	13.5			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.44			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.42			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.06			Twice Per Year	GRAB
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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knowing violations.

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
Г	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2012	7	12/31/2012

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	104			Twice Per Year	GRAB
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	****	****	*****	****	****	< 1			Twice Per Year	GRAB
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.8	111.2			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.85	4.49		*****	****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.01			Twice Per Year	GRAB
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_				
	ID0021300		001-A	
	PERMIT NUMBER		DISCHARGE NUMBER	
	MONIT	ORIN	IG PERIOD	
	MONIT MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY	_

DMR Mailing ZIP CODE:

ilg Zii GODE.

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	1.15	2.19		*****	.05	.1			Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92.5	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89.2	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	*****	****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

Copper, total recoverable

01119 1 0

Effluent Gross

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

.27

1.1

MO AVG

.27

2.2

DAILY MX

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300	001-B	
E	PERMIT NUMBER	DISCHARGE NUMBER	
		DIVIO DEDICO	
	MONII	DRING PERIOD	
	MM/DD/YYYY	MM/DD/YYYY	
	12/01/2012	12/31/2012	

7.3

30

MO AVG

7.3

60

DAILY MX

ug/L

DMR Mailing ZIP CODE:

MAJOR (SUBR 01)

INTERIM LIMITS External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	9.29	9.29		*****	248	248			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.06	.06		*****	1.58	1.58			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.63	.63		*****	16.8	16.8			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24

lb/d

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

COMP24

COMP24

Monthly

Monthly

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

. **.**

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION	_	NO. FREQUENCY		SAMPLE					
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.6			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	78	104		*****	5	6			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	103	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	81	114		*****	5	8			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

certify under penalty of law that this document and all attachments were prepared under my direction or

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONITOR	RING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE:

ODE: 83849

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	I	I	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX O	F ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	114	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	175	218		*****	11.28	12			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	Tw	ice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.4			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.35			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.48			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L	Tw	ice Per Year	GRAB

TYPED OR PRINTED	Thiowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
	supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		1		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING REPIOR						
MONIT	ODING BEDIOD					
MONIT	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3				FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	85.2			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	29	270			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.93	2.3		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.55	1.52		*****	.03	.09			Weekdays	GRAB
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

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NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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DATE

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-A				
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONIT	ORIN	G PERIOD				
		7					
	MM/DD/YYYY		MM/DD/YYYY				

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1			Twice Per Year	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	95.2	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95.4	****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300	Г	001-B				
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONI	ORI	IG PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01)

INTERIM LIMITS External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	2.04	2.04		*****	139	139			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.02	.02		*****	1.09	1.09			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.15	.15		*****	9.9	9.9			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.06	.06		*****	4.24	4.24			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONITO	DRING PERIOD						
MM/DD/YYYY	DRING PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE:

83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	****	5.2			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	114	130		****	6	7			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	96	****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	93	140		*****	5	8			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

	ID0021300	001-A					
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	PRING	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
ſ	02/01/2013 02/28/2013						

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	131	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	217	241		*****	11.7	12.1			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	14.6			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	.28			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	1.55			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

	I certify under penaity of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

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SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

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Г	ID0021300		001-A					
	PERMIT NUMBER	DISCHARGE NUMBER						
	MONITORING PERIOD							
	MONIT	ORII	NG PERIOD					
	MONIT MM/DD/YYYY	ORII	NG PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L	Т	Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L	Т	Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	*****	*****	10	20			Weekdays	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL	į	5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.27	2.46		****	****	*****	*****		Continuous	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	Т	Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
	PERMIT	1.7	2	lb/d	*****	.1	.12	mg/L		Weekdays	GRAB

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300 001-A					
E	PERMIT NUMBER DISCHARGE NUMBER					
	MONIT	ORIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	02/01/2013 02/28/2013					

DMR Mailing ZIP CODE:

CODE: 83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.67	1.71		*****	.04	.09			Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	94	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	96	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

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Г	ID0021300		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	_	DING REDIOR
	MONII	ᄓ	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	02/01/2013	7	02/28/2013

DMR Mailing ZIP CODE:

83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS
External Outfall

No Discharge

		QUANTITY OR LOADING				QUALITY OR CON	CENTRATION		NO.	· I	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	2.55	2.55		*****	128	128			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		*****	< .1	< .1			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.36	.36		****	18	18			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.13	.13		*****	6.74	6.74			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300	001-A						
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONIT	OR	RING PERIOD					
	MONIT MM/DD/YYYY	OR	RING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.3			Continuous	NOT AP	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB	
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9					
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	159	205		*****	6	7			Weekly	COMP24	
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	56	*****			Weekly	COMP24	
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24	
pH	SAMPLE MEASUREMENT	****	****	*****	7	****	7.4			Weekdays	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB	
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9					
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	131	202		*****	5	10			Weekly	COMP24	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

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LOCATION: 46643 SILVER VALLEY ROAD

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Γ	ID0021300	001-A					
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONIT	ORIN	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	03/01/2013	7	03/31/2013				

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	85	*****			Weekly	COMP24	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	260	334		*****	10.2	11.5			Weekly	COMP24	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9					
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB	
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.8			Monthly	GRAB	
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB	
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.348			Monthly	GRAB	
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB	
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.25			Monthly	GRAB	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB	
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	****	****	NODI 9					
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB	

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	PERMIT NUMBER		DISCHARGE NUMBER					
	MONIT	ODIN	G PERIOD					
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	MM/DD/YYYY	7	MM/DD/YYYY					

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

	QUANTITY OR LOADING QUALITY OR CONCENTRATION						NO. FREQUENCY		SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	32	291			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.04	4.62		****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

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certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_							
Γ	ID0021300	001-A					
	PERMIT NUMBER		DISCHARGE NUMBER				
1							
	MONIT	ORIN	G PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	03/01/2013	7	03/31/2013				

DMR Mailing ZIP CODE:

IP CODE: 83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	UNITS VALUE VALUE UNITS		UNITS	EX	OF ANALYSIS	TYPE	
Chlorine, total residual	SAMPLE MEASUREMENT	.9	2.6		*****	.03	.08			Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	89	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	94	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01) INTERIM LIMITS External Outfall

No Discharge

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. **FREQUENCY** SAMPLE OF ANALYSIS TYPE EX **PARAMETER** VALUE VALUE UNITS VALUE VALUE VALUE UNITS ***** Zinc, total recoverable SAMPLE 3.03 3.03 150 150 COMP24 Monthly **MEASUREMENT** ***** 01094 1 0 PERMIT 29 48 lb/d 802 1340 COMP24 ug/L Monthly REQUIREMENT Effluent Gross MO AVG DAILY MX MO AVG DAILY MX SAMPLE Cadmium, total recoverable .02 .02 1.18 1.18 Monthly COMP24 **MEASUREMENT** ***** 01113 1 0 PERMIT .19 .32 lb/d 5.3 8.8 ug/L Monthly COMP24 REQUIREMENT Effluent Gross MO AVG DAILY MX MO AVG DAILY MX ***** Lead, total recoverable SAMPLE .29 .29 14.2 14.2 Monthly COMP24 MEASUREMENT 01114 1 0 **PERMIT** 3 6.5 lb/d 84 182 ug/L Monthly COMP24 REQUIREMENT Effluent Gross MO AVG DAILY MX MO AVG DAILY MX SAMPLE ***** COMP24 Copper, total recoverable .14 .14 6.9 6.9 Monthly **MEASUREMENT** 01119 1 0 PERMIT ***** COMP24 2.2 lb/d 30 60 1.1 ug/L Monthly REQUIREMENT Effluent Gross MO AVG DAILY MX MO AVG DAILY MX

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEPHO				
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ID0021300	001-A						
	DICCUARCE NUMBER						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITOR	RING PERIOD						
MONITOR MM/DD/YYYY	RING PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

External Outfall

No Discharge

.		QUA	NTITY OR LOADING	j		QUALITY OR CON	CENTRATION		NO. FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF ANALYSIS	TYPE
emperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	10.8		Continuous	
0010 1 0 iffluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C	Twice Per Month	GRAB
emperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9			
0010 6 0 Ownstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C	Twice Per Year	GRAB
OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	171	184		*****	7	8		Weekly	COMP24
0310 1 0 iffluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L	Weekly	COMP24
OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	57	*****		Weekly	COMP24
0310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L	Weekly	COMP24
Н	SAMPLE MEASUREMENT	****	*****	*****	6.8	*****	7.2		Weekdays	GRAB
0400 1 0 iffluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU	Weekdays	GRAB
Н	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9			
0400 6 0 Ownstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU	Twice Per Year	GRAB
olids, total suspended	SAMPLE MEASUREMENT	151	171		*****	7	8		Weekly	COMP24
0530 1 0 iffluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L	Weekly	COMP24

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SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300	Γ	001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORI	ING PERIOD
	MONIT MM/DD/YYYY	ORI	ING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

External Outfall

No Discharge

PARAMETER		VALUE	VALUE						T EV I		
			VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	82	****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	180	209		****	7.7	7.9			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 9				
00610 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
litrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	9.17			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.46			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.41			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300					
	PERMIT NUMBER	NUMBER DISCHARGE NUMBER				
	MONIT	ORII	NG PERIOD			
	MONIT MM/DD/YYYY	ORII	NG PERIOD MM/DD/YYYY			

DMR Mailing ZIP CODE:

ODE: 83849

MAJOR S

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	83			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	22			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.92	3.94		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

	ID0021300	001-A				
	PERMIT NUMBER	DISCHARGE NUMBER				
	MONITO	DRING PERIOD				
I	MM/DD/YYYY	MM/DD/YYYY				
ı	04/01/2013	04/30/2013				

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.4	.7		*****	.01	.03			Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	87	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	****	65 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	92	****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300						
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONIT	ORIN	G PERIOD				
	MM/DD/YYYY						
	04/01/2013	7	04/30/2013				

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01) INTERIM LIMITS External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	3.55	3.55		*****	155	155			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.02	.02		*****	.923	.923			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.24	.24		*****	10.3	10.3			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.05	.05		*****	2.3	2.3			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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SMELTERVILLE, ID 83868

DMR Mailing ZIP CODE:

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MAJOR

External Outfall

(SUBR 01)

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.3			Continuous	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	167	217		*****	9	10			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	75	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	6.8	****	7			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	101	167		****	5	8			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300	001-A				
	PERMIT NUMBER		DISCHARGE NUMBER			
1						
	MONIT	ORIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	05/01/2013	1	05/31/2013			

DMR Mailing ZIP CODE:

CIP CODE: 83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	88	****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	184	216		*****	9.57	11.4			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	8.81			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.31			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	1.82			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MONIT	ORING PERIOD						
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE:

P CODE: 83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.6	6.3			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.18	2.94		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_						
	ID0021300					
E	PERMIT NUMBER		DISCHARGE NUMBER			
			0.000			
	MONII	ORIN	G PERIOD			
	MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY					
	05/01/2013	1	05/31/2013			

DMR Mailing ZIP CODE:

.....**g** _... - **.** -

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.33	.74		*****	.02	.03			Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Allowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	OF	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2013	7	05/31/2013

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

INTERIM LIMITS External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	3.04	3.04		*****	148	148			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.02	.02		*****	1.14	1.14			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.26	.26		****	12.7	12.7			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.08	.08		****	4.04	4.04			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for		TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20			Continuous	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	139	160		*****	9	10			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	103	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	6.9	****	7			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	178	246		*****	12	17			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

THE OKTAINTED	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS	(Reference all attachments here)

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SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

	ID0021300 001-A						
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	PRING	G PERIOD				
I	MM/DD/YYYY		MM/DD/YYYY				
ı	06/01/2013	06/01/2013 06/30/2013					

DMR Mailing ZIP CODE:

ming Zii GODE.

MAJOR (SUBR 01)

External Outfall

No Discharge

	QUANTITY OR LOADING QUALITY OR CONCENTRAT					 		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	131	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	199	224		****	13.2	14.7		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	13.2			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	****	*****	****	****	.53			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	****	****	2			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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ATTN: ROSS STOUT, DISTRICT MANAGER

SMELTERVILLE, ID 83868

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	3.1	31.8			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.75	2.31		*****	****	****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.54	1.26		*****	.04	.09			Weekdays	GRAB
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for		TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
Г	ID0021300		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
		==	
	I MONIT	OR	ING PERIOD
		_	
	MM/DD/YYYY	Ì	MM/DD/YYYY

DMR Mailing ZIP CODE:

ng ZIP CODE:

83849

MAJOR (SUBR 01)

INTERIM LIMITS
External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	1.8	1.8		*****	133	133			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.02	.02		*****	1.19	1.19			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.19	.19		****	14.3	14.3			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.15	.15		*****	11.2	11.2			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
	7 -				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE:

ODE: 83849

MAJOR S

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	24.2			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	115.16	136.31		*****	8.65	9.68			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	114.48	****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	6.9	****	7			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	281.28	352.64		****	21.07	25.67			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

L	NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and *evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
		system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A					
	BIGGUARDE MUNICIPA					
PERMIT NUMBER	DISCHARGE NUMBER					
	-					
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO. FREQUENCY EX OF ANALYSIS		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	*****	191.25	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	199.8	226.65		****	15.02	16.5		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00610 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
litrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	17.2			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.57			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.83			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
00665 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Upstream Monitoring NAME/TITLE PRINCIPAL EXECUTIVE	VE OFFICER I certify under		t and all attachments were prepar ned to assure that qualified perso				DAILY MX		TEL	EPHONE	DAT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

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NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
	OTATIO I ETAOD				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE:

DDE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	72			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				_
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.9	44.8			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.55	1.72		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.53	1.12		*****	.04	.09			Weekdays	GRAB
50060 O 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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TYPED OR PRINTED	arowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-A			
	PERMIT NUMBER	DISCHARGE NUMBER				
	MONIT	ORIN	G PERIOD			
	MM/DD/YYYY	7	MM/DD/YYYY			
	141141/00/1111		101101111111111111111111111111111111111			

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	92.4	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	89	****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

Effluent Gross

01119 1 0

Effluent Gross

Copper, total recoverable

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

MO AVG

1.1

MO AVG

.13

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
IVIIVI/DD/1111									

MO AVG

9.12

30

MO AVG

DAILY MX

9.12

60

DAILY MX

DMR Mailing ZIP CODE:

MAJOR

83849

(SUBR 01)

INTERIM LIMITS External Outfall

ug/L

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	2.42	2.42		*****	169	169			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	1.02	1.02			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.22	.22		*****	15.1	15.1			Monthly	COMP24
01114 1 0	PERMIT	3	6.5	lb/d	*****	84	182	ug/L		Monthly	COMP24

lb/d

DAILY MX

.13

2.2

DAILY MX

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

COMP24

COMP24

Monthly

Monthly

DISCHARGE MONITORING REPORT (DMR)

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

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ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A							
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MONITORING PERIOD								
MONI	ORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	NCENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23.6			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.5			Twice Per Year	GRAB
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	109	132		*****	9	11			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	125	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	****	7	****	7.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.3			Twice Per Year	GRAB
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	192	228		*****	15	18			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEPHONE DATE AREA Code NUMBER MM/DD/YYYY		
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300		001-A				
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONIT	ORIN	G PERIOD				
		_					
	MM/DD/YYYY		MM/DD/YYYY				

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING				QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	170	*****			Weekly	COMP24	
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	162	211		*****	12.9	16.4		1	Weekly	COMP24	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.078			Twice Per Year	GRAB	
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB	
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	16.8			Monthly	GRAB	
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB	
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	****	*****	****	****	< .1			Monthly	GRAB	
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB	
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	****	****	3.55			Monthly	GRAB	
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB	
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .05			Twice Per Year	GRAB	
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
-								
	MONIT	ORIN	G PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	08/01/2013	7	08/31/2013					

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9					
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB	
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	102			Twice Per Year	GRAB	
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB	
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.2			Twice Per Year	GRAB	
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB	
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	26	99			Twice Every Week	GRAB	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.54	2.28		*****	*****	*****	*****		Continuous	RCORDR	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR	
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.02			Twice Per Year	GRAB	
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB	
Chlorine, total residual	SAMPLE MEASUREMENT	.45	.87		*****	.04	.07			Weekdays	GRAB	
50060 O 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW < 2.0 MGD; P= FLOW > 2.0 < 3.5 MGD; Q= FLOW > 3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

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significant penalties for submitting false information, including the possibility of fine and imprisonment for

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
Ī			0.000
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	08/01/2013	7	08/31/2013

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	2.56			Twice Per Year	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	****	93	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	91	****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
Г	ID0021300		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	08/01/2013	7	08/31/2013

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

INTERIM LIMITS
External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	1.75	1.75		*****	137	137			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		****	.78	.78			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.11	.11		****	8.25	8.25			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.09	.09		*****	7.16	7.16			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONI	TORING PERIOD
MM/DD/YYYY	FORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20.2			Continuous	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	132	173		*****	9	11			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	107	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	164	225		*****	12	18			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	Rnowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY

DMR Mailing ZIP CODE:

IP CODE: 83849

MAJOR (SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	∐ NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	162	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	237	313		*****	16.3	18.2		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.14			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	4.38			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
00665 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Upstream Monitoring NAME/TITLE PRINCIPAL EXECUTIV	VE OFFICER I certify under supervision in	accordance with a system desig	t and all attachments were preparent to assure that qualified person or pers	nnel properly gather and			DAILY MX		TEL	EPHONE	DAT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

knowing violations.

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD.ONE OF UPSTREAM/DOWNSTREAM SAMPLESMUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
Г	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	IG PERIOD
	MONIT MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

DE: 83849

MAJOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		I	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	****	****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	٦	Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L	1	Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.5	101			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.63	2.33		****	****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L	٦	Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.39	.86		*****	.03	.05			Weekdays	GRAB
50060 O 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

83849

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
	1 -						

DMR Mailing ZIP CODE:

MAJOR

(SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	****	65 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penal	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300		001-B
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	09/01/2013	7	09/30/2013

DMR Mailing ZIP CODE:

g ZIP CODE:

MAJOR S

(SUBR 01)
INTERIM LIMITS
External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	ENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	1.75	1.75		****	136	136			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.88	.88			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.21	.21		*****	16	16			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.12	.12		****	9.23	9.23			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
Г	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORII	NG PERIOD
	MONIT MM/DD/YYYY	ORII	NG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

83849

MAJOR

\$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.2	13			Weekdays	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five Per Week	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	8.04	8.04	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. INST MIN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	83	99		*****	6	8			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	108	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.3			Weekdays	GRAB
00400 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	41.9	41.9			Monthly	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	66	162		****	4.4	9.3			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

F	ID0021300 PERMIT NUMBER		001-A			
L	PERWIT NUMBER	DISCHARGE NUMBER ORING PERIOD				
	MONIT	ORIN	G PERIOD			
	MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY			

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	****	143	****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	125	161		*****	9.6	13.3			Weekly	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	476 MO AVG	1250 DAILY MX	lb/d	*****	13.3 MO AVG	34.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.74	4.74			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	****	5.61	5.61			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	2.85	2.85			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	*****	93	93			Monthly	COMP24
00900 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	1.39	1.39		*****	79.9	79.9			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	800 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24

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Form Approved OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

F	ID0021300 PERMIT NUMBER		001-A			
L	PERWIT NUMBER	DISCHARGE NUMBER ORING PERIOD				
	MONIT	ORIN	G PERIOD			
	MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY			

DMR Mailing ZIP CODE:

MAJOR

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(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.67	.67			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.3 DAILY MX	lb/d	*****	5.3 MO AVG	8.3 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1	.1		*****	5.51	5.51			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	2.2 MO AVG	3.4 DAILY MX	lb/d	*****	63 MO AVG	96 DAILY MX	ug/L		Monthly	COMP24
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	< 5	< 5			Monthly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.82	1.82			Monthly	GRAB
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	5.3	107.6			Weekdays	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 INST MAX	#/100mL		Five Per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.58	2.08		*****	*****	*****	*****		Continuous	MEASRD
50050 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	1.04		*****	20	70			Weekdays	GRAB
50060 P 0 See Comments	PERMIT REQUIREMENT	*****	2.6 DAILY MX	lb/d	*****	50 MO AVG	73 DAILY MX	ug/L		Five Per Week	GRAB

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2013	7	10/31/2013

DMR Mailing ZIP CODE:

83849

....

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING)		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94.3	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	96.9	****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for		TELEP	DATE	
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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

	ID0021300 PERMIT NUMBER		001-A DISCHARGE NUMBER
L	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MONIT	ORIN	G PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:MAJOR \$

83849

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	6.6	9			Weekdays	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five Per Week	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.3	8.3	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	138.04	189.02		****	8.96	10.69			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	109.16	****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	*****	*****	7.3	*****	7.5			Weekdays	GRAB
00400 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	****	105	105			Monthly	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	91.23	130.4		****	5.89	7.38			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/THEE I KINGII AE EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	DATE	
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ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MONIT MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: MAJOR \$ 83849

MAJOR (SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	126.07	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	233.52	293.5		*****	15.25	16.6		1	Weekly	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	476 MO AVG	1250 DAILY MX	lb/d	*****	13.3 MO AVG	34.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.7	15.7			Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	.39	.39			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	*****	*****	3.18	3.18			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	92.4	92.4			Monthly	COMP24
00900 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	2.09	2.09		*****	155	155			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	****	800 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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P=CONTINUOUS AND MEASUREMENT IS AN ALLOWABLE ALTERNATIVE FOR SAMPLE FREQUENCY AND TYPE.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
Г	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORII	NG PERIOD
	MONIT MM/DD/YYYY	ORIN	NG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

\$

External Outfall

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		*****	.21	.21			Monthly	COMP24	
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.3 DAILY MX	lb/d	*****	5.3 MO AVG	8.3 DAILY MX	ug/L		Monthly	COMP24	
Lead, total recoverable	SAMPLE MEASUREMENT	.05	.05		*****	3.52	3.52			Monthly	COMP24	
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	2.2 MO AVG	3.4 DAILY MX	lb/d	*****	63 MO AVG	96 DAILY MX	ug/L		Monthly	COMP24	
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	28.4	28.4			Monthly	GRAB	
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB	
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	****	****	*****	****	1.61	1.61			Monthly	COMP24	
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24	
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	22.9	344.5			Weekdays	GRAB	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 INST MAX	#/100mL		Five Per Week	GRAB	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.83	2.28		*****	*****	*****	*****		Continuous	RCORDR	
50050 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	*****	*****		Continuous	MEASRD	
Chlorine, total residual	SAMPLE MEASUREMENT	****	.59		*****	20	40			Weekdays	GRAB	
50060 P 0 See Comments	PERMIT REQUIREMENT	*****	2.6 DAILY MX	lb/d	*****	50 MO AVG	73 DAILY MX	ug/L		Five Per Week	GRAB	

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	OF	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	11/01/2013	7	11/30/2013

DMR Mailing ZIP CODE:

83849

MAJOR \$

MAJOR (SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge

		QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91.8	****	*****			Monthly	CALCTD	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	****	%		Monthly	CALCTD	
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95.3	*****	*****			Monthly	CALCTD	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD	

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for		TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

	ID0021300		001-A			
	PERMIT NUMBER		DISCHARGE NUMBER			
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	MONIT	ODIN	G PERIOD			
	WOWII	OKIN	G PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			

DMR Mailing ZIP CODE:

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MAJOR

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

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External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.9	5			Weekdays	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five Per Week	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.5	8.5	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	149	201.78		*****	9.98	12.8			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	105.94	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	7.1	****	7.4			Weekdays	GRAB
00400 P 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	****	*****	*****	157	157			Monthly	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	96.57	128.98		*****	6.47	8.18			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_				
	ID0021300		001-A	
E	PERMIT NUMBER	DISCHARGE NUMBER		
	MONIT	ORIN	G PERIOD	
	MONIT MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY	

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	G				FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	114.39	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	160.33	179.69		*****	10.87	12			Weekly	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	476 MO AVG	1250 DAILY MX	lb/d	*****	13.3 MO AVG	34.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****	14.5	14.5			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	****	****	.63	.63			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	****	*****	1.83	1.83			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	****	*****	82.3	82.3			Monthly	COMP24
00900 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	2.29	2.29		*****	151	151			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	800 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24

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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

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Г	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORII	NG PERIOD
	MONIT MM/DD/YYYY	ORII	NG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

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MAJOR

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

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External Outfall

No Discharge

		QUA	NTITY OR LOADING	 3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cadmium, total recoverable	SAMPLE MEASUREMENT	.03	.03		*****	2.01	2.01			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.3 DAILY MX	lb/d	****	5.3 MO AVG	8.3 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.14	.14		*****	9.02	9.02			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	2.2 MO AVG	3.4 DAILY MX	lb/d	*****	63 MO AVG	96 DAILY MX	ug/L		Monthly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 5	< 5			Monthly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.75	1.75			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	22.6	461.1			Weekdays	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 INST MAX	#/100mL		Five Per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.79	2.24		****	*****	*****	*****		Continuous	RCORDR
50050 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	2.7		*****	50	200		4	Weekdays	GRAB
50060 P 0 See Comments	PERMIT REQUIREMENT	*****	2.6 DAILY MX	lb/d	*****	50 MO AVG	73 DAILY MX	ug/L		Five Per Week	GRAB

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

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	ID0021300		001-A	
E	PERMIT NUMBER	DISCHARGE NUMBER		
	MONIT	ORIN	G PERIOD	
	MONIT MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY	

DMR Mailing ZIP CODE:

83849

MAJOR

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(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90.6	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94.3	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

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SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	4	4.7			Weekdays	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five Per Week	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	****	5.1			Continuous	MEASRD
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Continuous	MEASRD
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	****	4.27	4.43			Continuous	MEASRD
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Measured	CONTIN
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	9.25	9.25	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	202.33	255.18		****	13.61	17.66			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	****	90.23	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	****	****	*****	7	****	7.2			Weekdays	GRAB
00400 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Per Week	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant pen	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

	ID0021300	001-A						
L	PERMIT NUMBER	DISCHARGE NUMBER						
	MONITORING PERIOD							
	MONIT	ORIN	G PERIOD					
	MONIT	ORIN	G PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		_ NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	137	137			Monthly	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	174.32	269.14		****	11.56	14.28			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	83.17	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	158.07	186.03		*****	10.67	11.9			Weekly	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	14.5	14.5			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	.18	.18			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.15	2.15			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONITO	DRING PERIOD					
MONITO MM/DD/YYYY	DRING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

\$

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION		NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	87.5	87.5			Monthly	COMP24
00900 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	2.98	2.98		*****	218	218			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	800 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.98	.98			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.3 DAILY MX	lb/d	*****	5.3 MO AVG	8.3 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.2	.2		****	14.5	14.5			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	2.2 MO AVG	3.4 DAILY MX	lb/d	*****	63 MO AVG	96 DAILY MX	ug/L		Monthly	COMP24
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	< 5	< 5			Monthly	COMP24
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Toxicity	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI 9	NODI 9				
03598 S 0 See Comments	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. QRTR AVG	Req. Mon. QRTR MAX	toxic		Quarterly	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	****	*****	****	*****	3.39	3.39			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONITO	ORING PERIOD					
MM/DD/YYYY	DRING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

83849

MAJOR

3010

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

\$

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.8	167.9			Weekdays	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 INST MAX	#/100mL		Five Per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.9	3.01		****	*****	*****	*****		Continuous	MEASRD
50050 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	****	1.13		*****	19	60			Weekdays	GRAB
50060 P 0 See Comments	PERMIT REQUIREMENT	*****	2.6 DAILY MX	lb/d	*****	50 MO AVG	73 DAILY MX	ug/L		Five Per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	84.9	****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	86.1	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
Г	ID0021300		REC-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	IG PERIOD
	MONIT MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)
SOUTH FORK COEUR d'ALENE, UPSTREAM

Receiving Water (Ambient)

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	125.5	*****		*****	*****	****	*****		Continuous	MEASRD
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	cfs	*****	*****	****	*****		Continuous	MEASRD

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	REC-S					
PERMIT NUMBER	DISCHARGE NUMBER					
	ORING PERIOD					
MONITO	DRING PERIOD					
MM/DD/YYYY	DRING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

MAJOR \$

83849

(SUBR 01)

SOUTH FORK COEUR d'ALENE, UPSTREAM SEM

Receiving Water (Ambient)

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI 9				
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	deg C		Once Every 6 Months	GRAB
Turbidity	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
00070 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	NTU		Once Every 6 Months	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI 9				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI 9	*****	NODI 9				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	Req. Mon. INST MAX	SU		Once Every 6 Months	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
00410 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB

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SEMI-ANNUAL MONITORING DATA, SAMPLE ONCE EACH DURING DEC-MAY AND JUN-NOV.

knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

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ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	REC-S				
PERMIT NUMBER	DISCHARGE NUMBER				
	ORING PERIOD				
MONITO	DRING PERIOD				
MONITO MM/DD/YYYY	DRING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

SOUTH FORK COEUR d'ALENE, UPSTREAM SEM

Receiving Water (Ambient)

No Discharge

		QUA	NTITY OR LOADING	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cyanide, weak acid, dissociable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00718 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	NODI 9				
00900 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				
00981 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Arsenic, total [as As]	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI 9				
01002 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				
01025 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Chromium, dissolved [as Cr]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				
01030 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
01040 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	REC-S
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01)

SOUTH FORK COEUR d'ALENE, UPSTREAM SEM

Receiving Water (Ambient)

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	****	NODI 9				
01074 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Silver total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01079 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB

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NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	REC-S				
PERMIT NUMBER	DISCHARGE NUMBER				
	ORING PERIOD				
MONITO	ORING PERIOD				
MONITO MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

SOUTH FORK COEUR d'ALENE, UPSTREAM SEM

Receiving Water (Ambient)

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cadmium, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
01113 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01114 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Chromium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01118 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Selenium, dissolved [as Se]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
01145 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
31648 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	#/100mL		Once Every 6 Months	GRAB
Mercury, dissolved [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
71890 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB

certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEMI-ANNUAL MONITORING DATA, SAMPLE ONCE EACH DURING DEC-MAY AND JUN-NOV.

knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		REC-S
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	OF	RING PERIOD
	MM/DD/YYYY	\rfloor	MM/DD/YYYY
	01/01/2014	7	01/31/2014

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d' ALENE, UPSTREAM SEM

Receiving Water (Ambient)

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
71901 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

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ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
Г	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MONIT MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

\$

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.2	3.1			Weekdays	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five Per Week	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	****	4.69			Continuous	MEASRD
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Continuous	MEASRD
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	3.26	3.49			Continuous	MEASRD
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Measured	CONTIN
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	9.8	9.8	****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	211.03	312.52		****	10.69	12.97			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	****	86.72	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1			Weekdays	GRAB
00400 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Per Week	GRAB

NAME/THEE I KINGII AE EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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P=CONTINUOUS AND MEASUREMENT IS AN ALLOWABLE ALTERNATIVE FOR SAMPLE FREQUENCY AND TYPE.

Form Approved
OMB No. 2040-0004

83849

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	7 F	001-A
150021300	╛┕	001-A
PERMIT NUMBER		DISCHARGE NUMBER
MON	ITORIN	G PERIOD
MM/DD/YYYY	ITORIN	G PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	115	115			Monthly	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	149.89	216.03		****	7.75	11.2			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	101.66	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	238.58	470.54		****	11.07	14			Weekly	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	15.8	15.8			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	****	.29	.29			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	****	1.92	1.92			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Г	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MONITO MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: MAJOR \$ 83849

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	*****	****	90.5	90.5			Monthly	COMP24
00900 Q 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	3.92	3.92		*****	294	294			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	800 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.02	.03		*****	1.23	1.23			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.3 DAILY MX	lb/d	*****	5.3 MO AVG	8.3 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.23	.23		****	17	17			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	2.2 MO AVG	3.4 DAILY MX	lb/d	*****	63 MO AVG	96 DAILY MX	ug/L		Monthly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	****	10	10			Monthly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Toxicity	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
03598 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. QRTR AVG	Req. Mon. QRTR MAX	toxic		Quarterly	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.21	1.21			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

L	NAME/THEE PRINCIPAL EXECUTIVE OF FICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and *evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

_			
Г	ID0021300		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MONIT MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

83849

MAJOR

\$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	44.1	184.2			Weekdays	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 INST MAX	#/100mL		Five Per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.32	4.03		*****	*****	*****	*****		Continuous	MEASRD
50050 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	1.84		*****	30	60			Weekdays	GRAB
50060 P 0 See Comments	PERMIT REQUIREMENT	*****	2.6 DAILY MX	lb/d	*****	50 MO AVG	73 DAILY MX	ug/L		Five Per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	87.7	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92.4	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	65 MO AV MN	****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

Γ	ID0021300		REC-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	OI	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	02/01/2014	7	02/28/2014

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE, UPSTREAM

Receiving Water (Ambient)

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Stream flow, instantaneous	SAMPLE MEASUREMENT	158.87	*****		****	*****	*****	*****		Continuous	MEASRD
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. DAILY AV	****	cfs	*****	****	****	*****		Continuous	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEPHONE				
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LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

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MONIT	ORING PERIOD			
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DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01)

SOUTH FORK COEUR d'ALENE, UPSTREAM SEM

Receiving Water (Ambient)

No Discharge

		QUA	NTITY OR LOADING	 3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. SEMI MAX	deg C		Once Every 6 Months	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 9				
00070 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	NTU		Once Every 6 Months	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 9				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT	*****	****	*****	NODI 9	*****	NODI 9				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. INST MIN	*****	Req. Mon. INST MAX	SU		Once Every 6 Months	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
00410 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEMI-ANNUAL MONITORING DATA, SAMPLE ONCE EACH DURING DEC-MAY AND JUN-NOV.

knowing violations.

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NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTF

ADDRESS: PO BOX 783

OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD

SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	REC-S				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MONIT	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

83849

MAJOR

IOR

(SUBR 01)

SOUTH FORK COEUR d'ALENE, UPSTREAM SEM

Receiving Water (Ambient)

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cyanide, weak acid, dissociable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00718 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Arsenic, total [as As]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01002 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 9				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Chromium, dissolved [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01030 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB

certify under penalty of law that this document and all attachments were prepared under my direction or

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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	MONIT	ORIN	G PERIOD			
	MONIT MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY			

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MAJOR (SUBR 01)

SOUTH FORK COEUR d'ALENE, UPSTREAM SEM

Receiving Water (Ambient)

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	NODI 9				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI 9				
01074 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Silver total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01079 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS	(Reference all attachments here)

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	PERMIT NUMBER		DISCHARGE NUMBER						
	MONIT	ORIN	G PERIOD						
	MONIT MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY						

DMR Mailing ZIP CODE:

83849

MAJOR (SUBR 01)

SOUTH FORK COEUR d'ALENE, UPSTREAM SEM

Receiving Water (Ambient)

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Cadmium, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 9				
01113 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01114 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Chromium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01118 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Selenium, dissolved [as Se]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
01145 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
31648 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	#/100mL		Once Every 6 Months	GRAB
Mercury, dissolved [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
71890 5 0 Upstream Monitoring	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	REC-S							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MONIT	ORING PERIOD							
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY							

DMR Mailing ZIP CODE:

83849

MAJOR

(SUBR 01)

SOUTH FORK COEUR d'ALENE, UPSTREAM SEM

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Receiving Water (Ambient)

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Mercury, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 9				
71901 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	DATE	
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